



**STATE OF ARKANSAS
DEPARTMENT OF INSURANCE**

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**APPLICATION FOR CHANGE OF OWNERSHIP OF PREPAID
FUNERAL BENEFITS CONTRACTS AND TRUST FUNDS**

Pursuant to Act 156 of 1985, as amended by Act 852 of 1995, and the Rules issued pursuant thereto, the following information is submitted as an application to sell, assign and exchange prepaid funeral benefits contracts, trust funds and funding insurance policies and annuity contracts between permitted organizations:

1. The complete legal name and address of the Seller:

2. The complete legal name and address of the Transferee:

3. A detailed description of the proposed ownership change and property transfer:

4. Attached as Exhibit "A" is an accounting of all prepaid funeral benefits contracts which will be sold and transferred. This accounting must be as of a date within thirty (30) days of the required application filing date and contain the date of the contract, name of the purchaser, type of contract, i.e. cash, annuity or insurance funded, contract price, amount of consideration paid, including the insurance policy or annuity contract number and policy or contract amount and name of the issuing insurance company, and the balance due on each contract.
5. Attached as Exhibit "B" is an accounting of all prepaid funeral benefits trust fund assets which will be exchanged and transferred. This accounting must be as of the same date as Exhibit "A" and contain the name and description, date, account or certificate number, name and address of issuing organization, market value and balance for each trust fund asset, as well as the total amount of principal, undisbursed income, and surplus which will be transferred.
6. Attached as Exhibit "C" is a copy of the notice that will be sent to each purchaser which advises them of the sale and transfer.
7. It is proposed that this sale and transfer will be completed on _____.

8. Attachments to Form AID FI F6 as required by Ark. Code Annotated 23-40-113(b)(7-8):
- a. A filing fee of \$500.00
 - b. An executed Form AID FI F7 (Assignment and Acceptance of Prepaid Funeral Benefits Contracts and Trust Funds).
 - c. An executed Form AID FI F8 (Transferee's Certification of Net Worth in a Change of Ownership Transaction).
 - d. An executed Form AID FI F3 (Agreement to Hold, Invest and Administer Prepaid Funeral Benefits Trust) or an approved written trust agreement from the trustee with which the trust funds will be established and maintained.
 - e. An executed Form AID FI F9 (Application to Transfer Trust Funds), if applicable.

Witness the signature of said Seller and Transferee this _____ day of _____, 20____.

Seller

Transferee

President/Owner

President/Owner

ACKNOWLEDGMENT

On this _____ day of _____, 20____, before me, a Notary Public, personally appeared _____ who acknowledged himself to be an authorized representative of _____, **Seller**, and that he is authorized to execute the foregoing instrument for the purpose therein contained by signing the name of the permitted prepaid funeral benefits seller as its authorized representative.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

Notary Public

Commission Expiration Date

ACKNOWLEDGMENT

On this _____ day of _____, 20____, before me, a Notary Public, personally appeared _____ who acknowledged himself to be an authorized representative of _____, **Transferee**, and that he is authorized to execute the foregoing instrument for the purpose therein contained by signing the name of the permitted prepaid funeral benefits seller as its authorized representative.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

Notary Public

Commission Expiration Date